



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Courier 56-20-02 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

August 4, 2005

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: PROTECTING ADULTS IN FACILITIES TRAINING

The Division of Aging and Adult Services is pleased to announce the availability of a two-day training entitled, *Protecting Adults in Facilities*. This workshop was developed in collaboration with county DSS Adult Services staff and is being offered four times during FY 2005-2006.

The workshop provides participants an excellent opportunity to learn about and discuss the function of Adult Protective Services (APS) in facilities. The curriculum furthers an understanding of the difference between protecting disabled adults and regulating facilities, stresses collaboration with other agencies and disciplines, and covers diverse methods of protecting disabled adults in facilities.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as advanced level training (beyond the APS Basic Skills Training) for APS staff. **All participants must have completed both Modules I and II of the *Adult Protective Services Basic Skills Training* before attending this workshop.**

A maximum of thirty participants will be accepted at each of the training sites. Registration will be accepted on a first come, first served basis. There is no cost for this training, however, **you must pre-register**. A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop **begins at 9:30 a.m. and ends by 4:00 p.m. on the first day**. The **second day begins at 9:00 a.m. and ends at 4:00 p.m.** There will be no on-site registration.

Dear County Director
Re: Protecting Adults In Facilities
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Please choose one of the workshops listed below and complete the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided but participants may bring their own drinks and snacks.

October 6-7, 2005

Halifax Community College
100 College Drive
Weldon, NC

February 16-17, 2006

Robeson County Library, Osterneck Aud.
104 N. Chestnut Street
Lumberton, NC

December 8-9, 2005

Haywood County Public Library
678 S. Haywood Street
Waynesville, NC

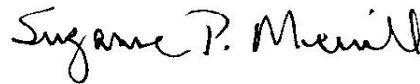
April 6-7, 2006

Davidson County DSS
913 Greensboro St
Lexington, NC

If you need additional information or have questions regarding the content of the workshops, please contact Laura Cockman, APS Program Consultant at (919) 733-3818 or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Program Assistant, at the number referenced above.

To **assure registration** at the selected location, send your registration as soon as possible. A completed registration form may be **mailed or faxed** to Ms. Nealous at NC Division of Aging and Adult Services, 693 Palmer Drive, 2101 MSC, Raleigh, North Carolina 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,



Suzanne P. Merrill, Chief
Adult Services Section

SPM/lsc

AFS-09-2005

Attachment

Adult Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event? (For prerequisite information please refer to the training description)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable for this Training
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First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Social Security Number: _____ Gender: Female Male
 (SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):					
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Eskimo	<input type="checkbox"/> Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
 () _____ () _____
 Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type: <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	Work Type: <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	Program Responsibilities: If you are NOT a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	Other Roles: Complete this box if you are NOT a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other								
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Training Event
To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached Training Event you are registering for: _____ Date(s) of Training Event: _____ Location of Training Event: _____ If you are replacing a registered co-worker, what is his/her name: _____ If you are making up a missed training day, which day are you making up? _____